

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 12/11/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 12/13/2005						
		FINANCIAL PAYER: WCDMH						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	BOSS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	14	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	23	23	0
3404904	WESTERN HIGHLAN DS LME	21	30	DUPLICATE OF CLAIM-SYSTEM				
		8537	12	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	1	67	7023	6956
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404910	PATHWAYS	8505	623	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8535	71	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT	1	719	2355	1611
		21	7	DUPLICATE OF CLAIM-SYSTEM				
3404912	CATAWBA COUNTYM ENTAL HEALT	8931	160	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	178	300	4768	4468
		191	24	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404913	MECKLENBURG COM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404916	CROSSROADS BEHA VIOAL HEAL	8534	167	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8599	68	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	397	7824	7427
		79	65	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404917	CENTERPOINT HUM AN SERVICES	10	1716	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		8599	698	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	188	3652	8400	4748
		21	422	DUPLICATE OF CLAIM-SYSTEM				
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	102	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	38	DUPLICATE OF CLAIM-SYSTEM	26	203	1942	1739
		79	14	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404920	ALAMANCE CASWEL L AREA MH D	8599	1297	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	174	DUPLICATE OF CLAIM-SYSTEM	23	1829	3817	1988
		8505	121	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404921	ORANGE PERSON C HATHAM AREA	5312	884	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8800	171	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	16	1486	3331	1845
		8599	131	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8535	5353	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		8329	552	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	5992	6337	345
		8599	28	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	8329	623	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		11	197	CLIENT NOT ELIGIBLE ON SERVICE DATE	4	1073	2514	1441
		8599	139	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8534	413	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8518	164	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	23	1098	7211	6113
		120	131	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404926	SOUTHEASTERN RE G MENTAL HL	5404	3215	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MD				
		21	1478	DUPLICATE OF CLAIM-SYSTEM	498	6814	7372	558
		8599	504	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404927	CUMBERLAND CO M HC	8518	62	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	118	2066	1948
		23	8	SERVICE REQUIRES PRIOR APPROVA L				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNFL HLTHC	8931	40	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
		8534	31	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER. PLEASE VERIFY THE F	65	195	2974	2779
		8505	28	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404931	WAKE CO HUM SVC BILLING OF	11	166	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8534	33	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER. PLEASE VERIFY THE F	18	295	2345	2050
		8621	30	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	409	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	99	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	14	594	4107	3513
		120	24	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404934	ONSLow CARTERET BEHAV HEAL	8599	67	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	28	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER. PLEASE VERIFY THE F	6	143	1004	861
		79	16	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

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3404937	EDGEcombe NASH MNTL HLTH C	79	33	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		21	7	DUPLICATE OF CLAIM-SYSTEM	0	44	567	523
		8518	2	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	36	874	838
		10	2	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404941	PITT CO MH/DD/S AS CENTER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	ROANOKE CHOWANH UMAN SERVIC	8931	5	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	11	400	389
		24	1	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
3404943	ALBEMARLE MENTA L HEALTH CE	79	198	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		21	191	DUPLICATE OF CLAIM-SYSTEM	39	555	2224	1669
		537	40	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404944	EASTPOINTE HUMA N SERVICES	79	485	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	399	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	82	1313	14405	13092
		21	110	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	2193	DUPLICATE OF CLAIM-SYSTEM				
		8599	1219	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	95	4540	22209	17669
		24	605	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	PAID
3404957	TIDELAND MENTAL	0	0	*** NO DATA TO REPORT ***			
	HEALTH CTR						
		0	0		0	0	0
3404979	NEW RIVER AREAM	8621	13	60 RESIDENTIAL LEVEL III TREAT			
	H/DD/SA PRO			MENT RECEIVED, PA IS REQUIRED			
				FOR ADDITIONAL SERVICE.			
		21	5	DUPLICATE OF CLAIM-SYSTEM	3	28	4397
		8599	4	DETAIL NOT COVERED BY COMBINAT			
				ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			